

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER: 09 / 806136 RECEIPT DATE: 03 / 26 / 01
IA NUMBER: PCT/JP00 / 05055 IA FILING DATE: 07 / 28 / 00
FAMILY NAME: NAKANISHI DELAY WAIVED (Y/N): Y
GIVEN NAME: KENICHI DEMAND RECEIVED (Y/N): N
PRIORITY CLAIMED (Y/N): Y PRIORITY DATE: 07 / 28 / 99
NO BASIC FEE (Y/N): N US DESIGNATED ONLY (Y/N): N
ATTORNEY DOCKET NUMBER: 450106-02621 COUNTRY:
CORRESPONDENCE NAME/ADDRESS: CUSTOMER NUMBER: 060000 TELEPHONE 0000000000
NAME: WILLIAM S FROMMER FAX
STREET: 745 FIFTH AVENUE
CITY: NEW YORK
STATE/COUNTRY: NY ZIP: 10151
EMAIL:
APPLICATION TITLES:
RECORDING SYSTEM DATA RECORDING APPARATUS MEMORY APPARATUS AND DATA RE
CORDING METHOD

TAB TO LAST POSITION, PUSH SEND



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
 UNITED STATES PATENT AND TRADEMARK OFFICE
 WASHINGTON, D.C. 20231
 www.uspto.gov



CONFIRMATION NO. 5076

Bib Data Sheet

SERIAL NUMBER 09/806,136	FILING DATE 03/26/2001 RULE	CLASS 369 711	GROUP ART UNIT 2652 2196	ATTORNEY DOCKET NO. 450106-02621
-----------------------------	-----------------------------------	---------------------	--------------------------------	----------------------------------------

APPLICANTS

Kenichi Nakanishi, Tokyo, JAPAN;
 Shigeo Araki, Tokyo, JAPAN;

** CONTINUING DATA *****

THIS APPLICATION IS A 371 OF PCT/JP00/05055 07/28/2000

VER YEP

** FOREIGN APPLICATIONS *****

JAPAN 11-214089 07/28/1999

VER YEP

Foreign Priority claimed	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY JAPAN	SHEETS DRAWING 15	TOTAL CLAIMS 6	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature YEP	Initials			

ADDRESS

William S Frommer
 Frommer Lawrence & Haug
 745 Fifth Avenue
 New York ,NY 10151

TITLE

Recording system, data recording device, memory device, and data recording method

FILING FEE RECEIVED 940	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
-------------------------------	-------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------